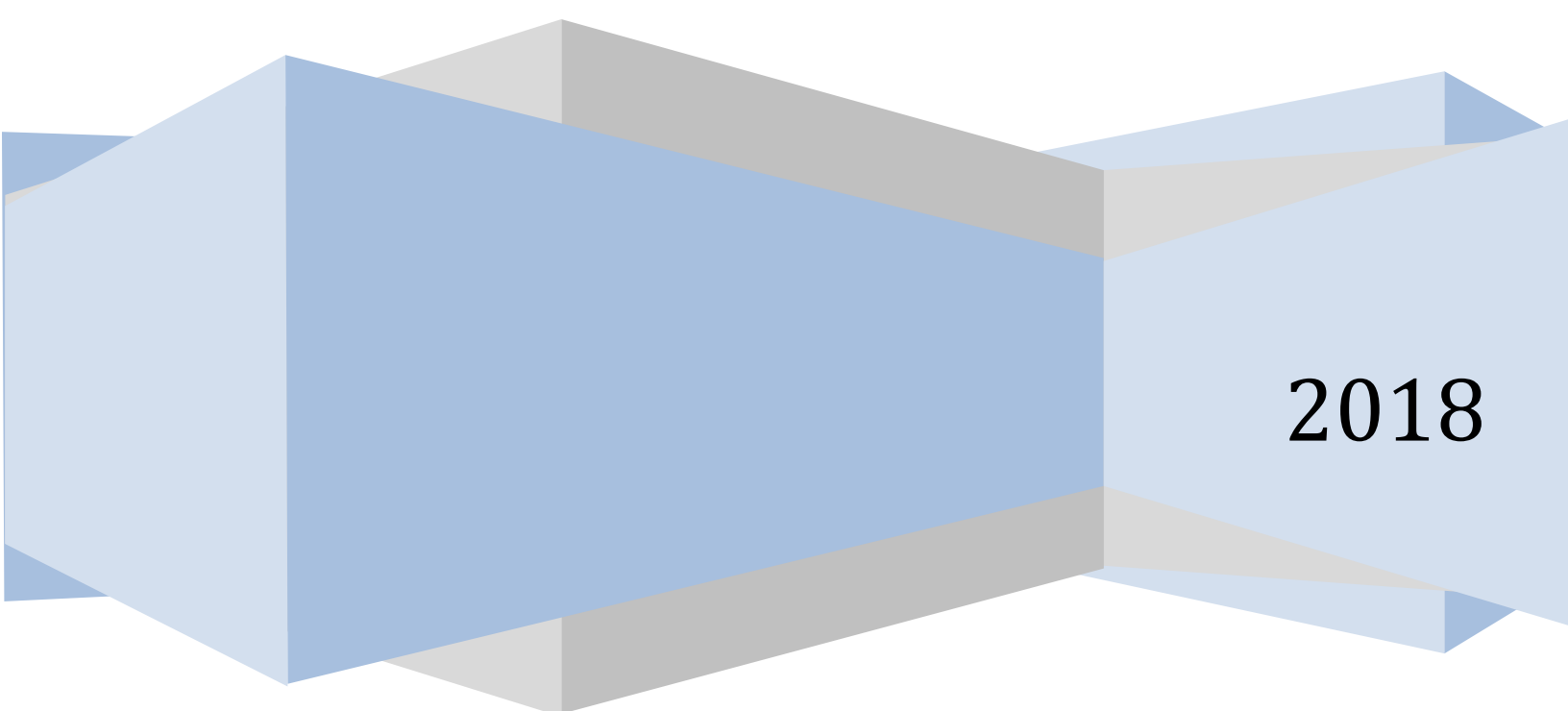




# Washington Disease Reporting System General Communicable Diseases Instruction Manual

---

Washington State Department of Health Office of Communicable  
Disease Epidemiology



2018



## Table of Contents

<b>Getting Started</b>	<b>4</b>
General Information	5
Creating an Event	6
Data Entry	8
Parent and Child Questions	10
Search Icons	11
Concerns	12
CDC Forms	12
Uncertain Dates	12
<b>Wizards</b>	<b>13</b>
Administrative	13
Report Source	16
Demographics	17
Communications	19
Clinical Information	20
Risk and Response	28
Transmission Tracking	35
Treatment	35
Notes	36
<b>Lab Results Tab</b>	<b>36</b>
<b>Event Data Tab</b>	<b>38</b>
<b>Administrative Question Package</b>	<b>39</b>
<b>Demographics Question Package</b>	<b>40</b>
<b>Clinical and Laboratory Question Package</b>	<b>41</b>
<b>Contract Tracing Form Question Package</b>	<b>41</b>
<b>NHGQ Question Package</b>	<b>42</b>
<b>Case Classification Question Package</b>	<b>43</b>
<b>CDC Notification Question Package</b>	<b>43</b>
<b>Legacy Question Package</b>	<b>43</b>
<b>Additional Tabs</b>	<b>43</b>

## KEY to Symbols



Pay particular attention



WDRS new GCD specific questions (not in PHIMS)



Remember to Save the patient record



### Questions?

Contact: Washington State Department of Health

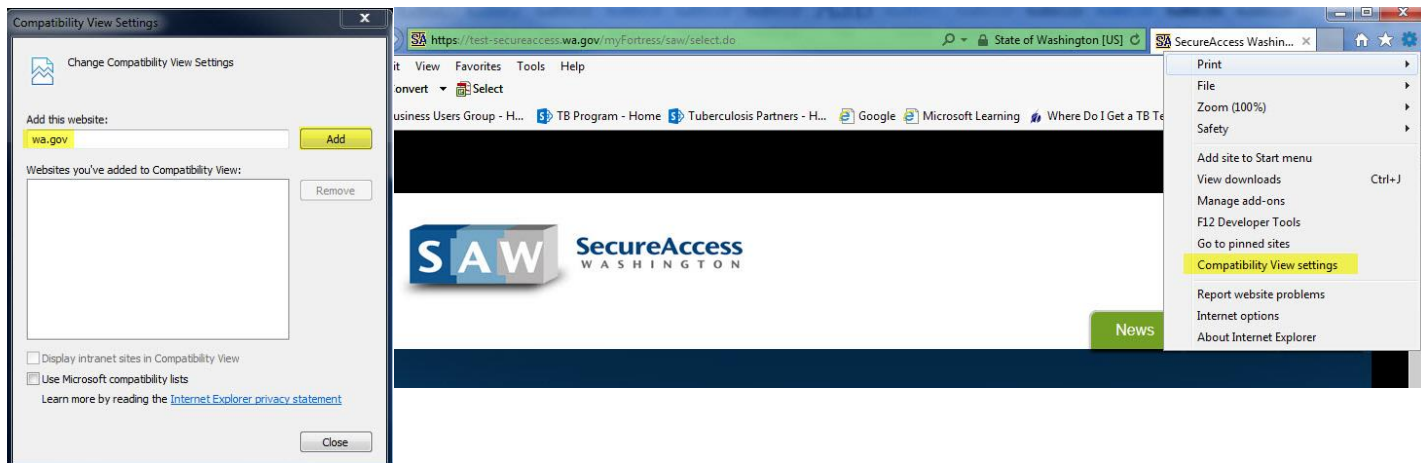
Office of Communicable Diseases Epidemiology

Email: [CommDisEpi@doh.wa.gov](mailto:CommDisEpi@doh.wa.gov) | Phone: (206) 418-5500

## Getting Started

The Washington Disease Reporting System (WDRS) General Communicable Diseases (GCD) model is used to track and report suspect and confirmed cases of GCDs ([notifiable communicable diseases](#) including hepatitis A and E but not hepatitis B, C or D, TB, or STDs) to the Washington State Department of Health (DOH). All WDRS users will first be required to set up a Secure Access Washington (SAW) account, for more information see the [WDRS Reference Guide \(Chapter 2: Security and Logging In\)](#).

If using Internet Explorer when logging into SAW, adjust your **Compatibility View** settings to avoid WDRS freezing issues. Click on the 'Tools' icon on the top right hand corner of the page. Select **Compatibility View settings** from the dropdown menu and a pop-up menu will appear. Select **wa.gov** from the 'Add this website' window and click on the 'Add' button to drop the website down to the 'Websites you've added to Compatibility View' field. Click the 'Close' button and continue to log into SAW as normal.



***CRITICAL: Always disable the auto-fill feature in your browser before using WDRS.***

**Please note:** the WDRS system will automatically time out due to inactivity after 30 minutes.

## General Information

Once you log into WDRS through SAW, you will be brought to the **WDRS Home Page**. This page is customizable and will look different depending on the user's permissions and settings.

Washington Disease Reporting System WDRS Modeling Build 6.0.4.0 Project-1

Enter Case ID or Search Term... Search Lindsay

Alerts and Notifications

Recent Records

Event ID	Full Name	Disease
☆ 100000000	Doe, John	Botulism, infant
☆ 100000001	Doe, Jane	Campylobacteriosis

More...

Workflows

Workflow Queue	Events	Assigned
☆ GCD all open events [LHJ]	0	0
☆ GCD brucellosis missing laboratory exposure details [LHJ]	0	0
☆ GCD congenital Zika infant missing birth mother lab evidence [LHJ]	0	0
☆ GCD event missing 'Likely geographic region of exposure' information [LHJ]	0	0
☆ GCD event missing 'travel out of' information [LHJ]	0	0

More...

Tasks

No tasks to display

Quick Links

Welcome To Washington Disease Reporting System WDRS Modeling Build 6.0.4.0 Project-1

Have comments or questions? Contact us:

Business Area	Phone	Email
Tuberculosis:	360-236-3443	tbsservices@doh.wa.gov
STD (Surveillance and HIV/STD Partner Services):	360-236-3445	STD_Surveillance@doh.wa.gov
HIV Surveillance:	360-236-3427	HIV_Surv@doh.wa.gov
Hepatitis B and D:	206-418-5500	CommDisEpi@doh.wa.gov
Hepatitis C:	360-236-3390	hepatitis@doh.wa.gov
General Communicable Diseases:	206-418-5500	CommDisEpi@doh.wa.gov
Blood Lead:	360-236-4280	lead@doh.wa.gov
WDRS Administration Office:	360-236-4229	wdrs.community@doh.wa.gov

Calendar

Manage appointments

Help Desk

DOH Service Central: 360-236-4357 or [ServiceCentral@doh.wa.gov](mailto:ServiceCentral@doh.wa.gov)

## Creating an Event

You may search for a person or create a new event (case record) from the **WDRS Home Page**. For guidance on searching for persons or events and creating new events, refer to the general [WDRS Reference Guide](#) (Chapter 4: Search for Persons and Events and Chapter 5: New Events and Updating Data).



***CRITICAL: Always search for an event or person before creating a new event or new person.***



It is important to include as much information as possible when creating an event because information entered is used to populate fields throughout the event. This especially includes the first and last name, sex, date of birth (DOB), and address. Address is used to assign the accountable county, sex and age determine if pregnancy questions will appear, and age specifying the person to be older than 12 years is required for an employment field to appear in the **Demographics** question package.

### Create Event - Person Information

#### Event Information

Disease:

#### Add Person

First Name:\*  Middle Name:   
Suffix:   
Birth Date:  Sex assigned at birth:  Social:

#### Contact Information

Address Type:\*   
Street 1:   
Street 2:   
City:  State:  Zip Code:   
County:  Country:   
Survey Email:   
Residence Type:  Address Status:

Once you have created, or found, an event (case record), the **Event Summary Screen** (shown below) will be displayed. WDRS is formatted with multiple tabs for data entry by topic area under the **Event Data Tab**. This tab contains a series of question packages to add information about the disease case which may include: **Administrative, Demographics, Clinical and Laboratory, Risk and Response, Transmission Tracking, Treatment, Contract Tracing Form, Case Classification, and CDC Notification**.

### Event Summary

#### Basic Information

Event ID: 100000017  
Disease: Arboviral disease, other  
Person: Jane Doe Birth Date: 03/06/2000 ( 18 yo Female )  
Dates: Create Date: 03/15/2018  
Type: Interactive  
Investigation Status: Open  
Linked Events/Contacts: 0 linked event(s)/contact(s) [View](#)  
Attachments: 0 attachment(s) [Add](#)  
Notices: **General Notifications (1)**  
**Vital Status: Alive**

#### Notes (Add/Edit | Show My Notes)

[Edit Event Properties](#) [Copy Event](#)

[Event Data](#) [Lab Results](#) [Concerns](#) [Persons](#) [Tasks](#) [Surveys](#) [Calendar](#) [Event Properties](#) [Event History](#)

#### Question Packages

Question Package	Person	Last Update	Updated By	Status
Administrative	Jane Doe	03/15/2018	Lindsay Horn [lma0303]	Incomplete
Demographics	Jane Doe	03/15/2018	Lindsay Horn [lma0303]	Completed
Clinical and Laboratory	Jane Doe	03/15/2018	Lindsay Horn [lma0303]	Incomplete
Risk and Response	Jane Doe	03/15/2018	Lindsay Horn [lma0303]	Completed
Transmission Tracking	Jane Doe	03/15/2018	Lindsay Horn [lma0303]	Completed
Treatment	Jane Doe	03/15/2018	Lindsay Horn [lma0303]	Completed
Contact Tracing Form	Jane Doe	03/15/2018	Lindsay Horn [lma0303]	Completed
CDC Notification	Jane Doe	03/15/2018	Lindsay Horn [lma0303]	Completed
Section Headers for Wizards Only	Jane Doe	03/15/2018	Lindsay Horn [lma0303]	Completed

[View Question Package](#)
Wizards  [View Wizard](#)

Within the GCD model of WDRS, question packages will look similar across conditions, with the exception of the **Clinical and Laboratory** question package and **Risks and Response** question package. The **CDC Notification** question package will be used by DOH Office of Communicable Disease Epidemiology (OCDE) Program.

To open a question package, double click on the question package name or single click to highlight the name and click on the 'View Question Package' button at the bottom of the list. Answer fields in order, from the top to bottom of the page.

## Data Entry

There are two ways to enter data for a new event: use the individual question packages or use the wizard. Question package, or tabular, entry requires you to enter data through individual question packages and choose the fields to input. Wizards, however, are condition-specific and take relevant questions from the different question packages to create one spot for data entry.

**Wizards are the recommended method for data entry.**



WDRS is formatted with multiple tabs for data entry by topic area. Continuous data entry into one screen can be done using wizards. View the Wizards section below to learn more.

Some fields you will see along the way are grayed out indicating that they are read-only and do not allow edits to be made.

Some read-only fields are populated from data input elsewhere (e.g. 'Age years' pulls from the date of birth input on the **Person page**.) If changes to these fields are needed, you must go back and find the original field to make the change on the page where the information was originally entered. For example, refer to the **Persons Tab** on the **Event Summary Screen** to add addresses, or change vital demographics. Some grayed out fields are editable by OCDE only and appear for your information.

Question formats include -

Drop-downs answer choices appear in various forms, including:

- Yes, No, Unknown (Unknown could be refused/not applicable/doesn't know, but implies that there was an attempt to get information)
- Yes, Maybe, No, Unknown
- Various pre-populated lists, called reference parties, to select from



Leave a question blank if it was not asked.

Text box



- A field to add free text

#### Radio buttons

- Allow for one selection from the available options

#### Check boxes

- Allow for one or multiple selections from the available options

#### Dates

- Input MM/DD/YYYY or select the date by clicking on the calendar logo.
  - When using the year drop-down found under the calendar icon for date fields in WDRS, the system automatically selects a 20 year range from 2007-2027, with the current year pre-selected in the middle.



To select years before or after the 20 year range, (like a birthdate in 1972), click on the year at the top of the list, then select the drop down again, the drop-down is now a 20 year range with the selected year in the middle. There is no option to scroll to additional years.

A red error message will appear for illogical date entries, for example, if a diagnosis date precedes the symptom onset date.

## Parent and Child Questions



WDRS contains parent questions and child questions. Parent questions always appear in the model. Child questions do not appear in WDRS until the parent question is answered and in a certain way (e.g. answering Yes to 'Hospitalized overnight' prompts a field to input the facility).

While WDRS will only show the parent questions until data is input, the paper forms will show all applicable fields. The dependent relationship of child questions are indicated on the forms by either appearing on the same line as the parent question or by indentation on the following line.

### Paper form

The 'Initial report source' question on the paper form displays all child questions with indentation.

REPORT SOURCE	
Initial report source (use selections below)	
LHJ	
Reporter organization	
Reporter name	
Reporter phone	

### WDRS

The 'Initial report source' question in WDRS does not display the child questions until a response is input.

*Before a response is input*

Initial report source	
All reporting sources	

*After a response is input*

Initial report source	Laboratory
LHJ	
Reporter organization	
Name of person reporting case	
Reporter telephone	
All reporting sources	



Some fields in WDRS, particularly dates, have additional drop-down fields that may not appear until the field is completed and you tab to or move your cursor to the following field.

## Search Icon



When this magnifying glass icon appears next to a field, click on the icon to search for a response from a preexisting list. Best practice is to enter the first few letters of the name followed by an asterisk. This is called the Wildcard Function which searches for terms that match the initial characters input and unknown characters

following the asterisk. In the example below, searching 'Harborview' retrieves no results (first image), whereas searching 'harb\*' returns numerous options (second image).

The screenshot shows the WDRS search interface. On the left, there are various medical conditions listed with dropdown menus. The main search area is titled 'Search Party' and includes a 'Search Criteria' section with fields for Status (Active), Full Name (Harborview), City, State, Zip Code, Survey Email, PHIMS-STD identifier, and eHARS identifier. The 'Search Results' section shows a table with columns for Full Name, Street Address, City, State, Zip Code, and External ID. The search criteria section has a red box around the Search button.

## Concerns

Red error messages will appear for illogical entries, such as entering an onset date or vaccination date before the birthdate. These illogical entries will generate concerns which display under 'Notices' on the **Basic Information** section of the **Event Summary Screen**.



Concerns may prevent rules from running in the system. It is important to resolve concerns as they occur.

For example, Brucellosis has infant-specific questions that will only appear if age at symptom onset is less than 365 days. If 'Symptom onset date' is incorrectly entered with a date preceding DOB, the concern '**Symptom onset date cannot be before birthdate**' will generate. This concern will prevent WDRS from calculating the age at symptom onset and therefore not display infant-specific questions.

## CDC Forms



Several conditions previously requiring CDC forms now capture all necessary information so forms no longer need to be faxed to OCDE. As of June 2018, those conditions include: novel influenza, pediatric influenza death, legionellosis, and typhoid fever.

## Uncertain Dates



The handling of uncertain dates in WDRS vary by program area. For GCDs:

1. If month and year are known and you can make a close estimate of the day, pick a day.  
Note: Do not select 'Derived' = Yes if this is used to populate the symptom onset date.
2. If the month and year are known and you cannot make a close estimate of the day, input the first on the month for that month and year.  
Note: Select 'Derived' = Yes if this is used to populate the symptom onset date.
3. If the date is unknown, do not enter it. This is especially important for the symptom onset date.



Be sure to save the data you input in each question package by either clicking on the 'Save and Stay' button to remain in that question package, or the 'Save' button which takes you back to the **Event Summary Screen**.

## Wizards






Wizards are condition-specific and take relevant questions from the different question packages to create one spot for data entry. Wizards are designed to streamline data entry and make data viewing easier. WDRS paper forms are designed to match the respective condition's wizard in WDRS.

On the **Event Summary Screen** select the Wizards drop down at the bottom on the screen, select the condition from the dropdown, and click 'View Wizard.'

Event Data	Lab Results	Concerns	Persons	Tasks	Surveys	Calendar	Event Properties	Event History
Question Packages								
Question Package	Person	Last Update	Updated By				Status	
► Administrative	Jane Doe	03/15/2018	Lindsay Horn [Ima0303]				Incomplete	
Demographics	Jane Doe	03/15/2018	Lindsay Horn [Ima0303]				Completed	
Clinical and Laboratory	Jane Doe	03/15/2018	Lindsay Horn [Ima0303]				Incomplete	
Risk and Response	Jane Doe	03/15/2018	Lindsay Horn [Ima0303]				Completed	
Transmission Tracking	Jane Doe	03/15/2018	Lindsay Horn [Ima0303]				Completed	
Treatment	Jane Doe	03/15/2018	Lindsay Horn [Ima0303]				Completed	
Contact Tracing Form	Jane Doe	03/15/2018	Lindsay Horn [Ima0303]				Completed	
CDC Notification	Jane Doe	03/15/2018	Lindsay Horn [Ima0303]				Completed	
Section Headers for Wizards Only	Jane Doe	03/15/2018	Lindsay Horn [Ima0303]				Completed	
View Question Package	Wizards		View Wizard					

The following sections walk through various wizard subsections. Additional fields, not often included in the wizards, are described in their corresponding question package section.

## ADMINISTRATIVE

ADMINISTRATIVE	
Select reporting address	
Accountable county	<input type="text"/>
* Investigator	<input type="text"/>  
LHJ Case ID (optional)	<input type="text"/>
LHJ notification date	<input type="text" value="MM/DD/YYYY"/> 
Case classification	<input type="text"/>
Final case classification	<input type="text"/>
Investigation status	<input type="text"/>
Investigation start date	<input type="text" value="MM/DD/YYYY"/> 
Investigation complete date	<input type="text" value="MM/DD/YYYY"/> 
Case complete date	<input type="text"/>
This question will remain locked until all of the following questions have been answered: Investigator, LHJ notification date, Investigation start date and accountable county	
Outbreak related	<input type="text"/>
DOH review status	<input type="text"/>
Senior Epi staff review	<input type="checkbox"/> Yes

Wizards begin by collecting administrative information using select fields from the **Administrative** question package. This section is similar across all GCD conditions.

### Accountable County

This field is auto-filled based on the reporting address of the person, which was entered either at event creation or on the **Persons Tab** afterwards. To populate the field, click on the 'Select reporting address' link and a pop-up menu will appear with addresses previously input. Click on 'Select an Official Address' next to the correct address and this will populate the 'Accountable County' and autofill the address fields 'City,' 'County,' 'State,' 'Zip code,' and 'Country'.

To change address information, return to the **Event Summary Screen** and select the **Persons Tab**. Click the 'Edit Person' button and select 'Add Address Type.' Enter and save the additional address and it will appear as an option when you click on 'Select reporting address.'

### \* Investigator

Enter the primary data case manager for this event. This can be changed to another investigator in your jurisdiction. For transfers outside of your jurisdiction, contact the OCDE. The \* indicates that if left blank, the status of this question package on the **Event Summary Screen** will read as **Incomplete**. However, there are no required fields other than those to create an event (condition and person's name).

### LHJ Case ID (optional)

Optional field for LHJ use.

### LHJ Notification Date

Enter the date the LHJ is made aware of a suspect or confirmed case or received information on the person by phone, fax, or email. Note that this is an assessment field (old 5930 report).

## Case classification

Classifications are based on national surveillance case definitions used by the National Notifiable Diseases Surveillance System (NNDSS: <https://wwwn.cdc.gov/nndss/case-definitions.html>) or a DOH surveillance case definition for conditions not included in NNDSS (included in the condition's guideline).

WDRS will auto-classify some conditions based on a combination of laboratory and/or clinical information, depending on the condition. This field is read only for auto-classification conditions. If you need to change the classification of an auto-classified condition, the case information driving the auto-classification will need to be updated.

For conditions that don't auto-classify, the case investigator will provide the classification in this field following the surveillance case definitions for the condition. Options include:

- Classification pending
- Confirmed
- Not reportable – To be selected if the information about reported condition has changed after further investigation or testing was not performed.
- Probable
- Ruled out – To be selected when clinical symptoms or lab results argue against the condition. It often implies a negative lab result or alternate etiology identified.
- Suspect – To be selected when the event fits a formal suspect case classification, regardless of whether a suspect case for that condition is reportable to CDC; may also be selected when the symptoms that lead to the notifiable condition report are consistent with the clinical presentation of the disease, but the case can be neither confirmed nor ruled out with the information available.

## Final case classification

This read-only field pulls from either the 'Case classification' (for both auto-classified and manually entered) or 'Case classification override' field in the **Administrative** question package. It will populate from the most recently updated field when the record is saved and rules are run. After saving, if you'd like to change this field, edit the field populating it.



Each case will only have one classification.

## Investigation Status

Select from the dropdown menu. Options include:

- Complete
- Complete – not reportable to DOH
- Unable to complete

- If Unable to complete is selected, a free text box will appear to specify the reason.
- In progress

### Investigation start date

Input the investigation start date. The investigation start date cannot precede the LHJ notification date or error message will appear. Note that this is an assessment field (old 5930 report).

### Investigation complete date

Input the date the investigation was completed. This may be when all that can be done locally is complete, but you're still be waiting for lab results.

### Case complete date

This field will unlock once the required fields are completed, including, '\*Investigator,' 'LHJ notification date,' 'Investigation start date' and 'Accountable county.' Input the date that all labs, test results, genotyping, etc. have arrived and are input. Inputting a 'Case complete date' will effectively *close* the event for the LHJ and the event will exit your open event workflows.

### Outbreak related

If the event is outbreak related, the LHJ has the option to complete the 'Outbreak related' field. If Yes, additional fields will appear to input 'LHJ Cluster ID' and 'LHJ Cluster Name.' 'Cluster ID' and 'Cluster Name' will be input by the OCDE with outbreak details.

### DOH review status

This will be completed by the OCDE. Autoclassified conditions will populate with Auto classification when successfully classified.

### Senior Epi staff review

This checkbox will be used by the OCDE as workflow exit criteria.

## REPORT SOURCE

REPORT SOURCE	
Initial report source	▼
All reporting sources	▼

This section is the same across all GCD conditions.

### Initial report source

Select an initial reporting source from the drop-down.

Additional fields will appear after any selection, including:

- 'Reporter organization'



- 'Name of person reporting case'
- 'Reporter telephone'

## All reporting sources

If there are additional reporting sources that you would like to track, select an option from the dropdown. Additional fields will appear as above.

Multiple reporting source entries are possible. If you wish to add additional reporting sources, select 'Add New' next to the 'All reporting sources' field and additional fields will appear to input reporting sources.

## DEMOGRAPHICS

DEMOGRAPHICS	
Ethnicity	<input type="text"/>
Race	<input type="checkbox"/> Unknown <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race
Primary language	<input type="text"/>  
Is the patient employed	<input type="text"/>
Is the patient a student (including daycare)	<input type="text"/>

This section is the same across all GCD conditions.

## Age

This question will only be visible if a date of birth is unknown and not entered on the **Persons Tab**. Enter the age and an additional field will appear to specify the units - years or months.

## Ethnicity

Hispanic or Latino description includes if patient considers themselves Cuban, Mexican, Puerto Rican, South or Central American, or of other Spanish culture or origin, regardless of race.

## Race

This field allows for one or more selections, unless 'Unknown' is chosen. Options include: Unknown, American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White. If 'Other' is selected, a drop-down will appear to further specify.

## Primary Language

Indicate the patient's primary language by selecting the search icon (magnifying glass) and entering the name of the language and clicking the 'Search' button. If you are unsure of spelling use the wildcard function by entering the first couple letters of the word you are searching for



followed by an asterisk. For example, to search for 'English' typing En\* will return all languages that start with 'En'.

Select from the list generated by double clicking on the language or single clicking on the language and clicking the 'Select' button. You can remove languages with the trash icon next to the window. If a language other than English is selected, a drop-down will appear asking if an interpreter is needed.

### Is the patient employed?



This field will only show if the person is at least 12 years of age.

Note: Occupation and school details are at the discretion of the county. This information might only be applicable to conditions spread person-to-person in these settings. This may be considered optional entry if disease spread in these settings is not a concern.

Select one of these options:

- Yes
- No
- Unknown

If Yes is selected, a comment box will appear to allow you to specify:

#### Occupation

Type the occupation if known. After entering text, additional fields will appear to collect 'Occupation type' (listed below), 'Work site name,' 'Street address,' 'Suite number,' 'City,' 'State,' 'Zip code,' and 'Phone number.'

#### Occupation type

Select an occupation type from the dropdown menu of occupations at high risk for communicable diseases. Choices include:

- Animal care worker
- Correctional facility employee
- Daycare worker
- Farm/dairy worker
- Food handler
- Health care worker
- Homeless shelter staff
- Migrant/Seasonal farmworker
- Other

Multiple entries for occupational type are possible by selecting the 'Add New' link that will appear next to the occupation textbox.

## Is the patient a student?

Select one of these options:



- Yes
- No
- Unknown

If Yes is selected then additional fields will appear to collect details.

### Type of school

Select school type from the dropdown menu. Choices include:


- Preschool/daycare
- K-12
- College
- Graduate School
- Vocational
- Online
- Other
  - If Other is selected, an additional an open comment box will appear to specify.

Occupation	
Is the patient employed	Yes ▼
Occupation 	Teacher <a href="#">Add New</a>
Occupation type	
Work site name	
Street address	
Suite number	
City	
State	WA ▼
Zip code	
Phone number	
Is the patient a student (including daycare)	Yes ▼
Type of school	College ▼
School or daycare name	Samford
Street address	
Suite number	
City	
State	WA ▼
Zip code	
Phone number	
Teacher's name	
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>	

### School or daycare name

Specify the name of the school or daycare. After entering text, additional fields will appear to collect 'Street address,' 'Suite number,' 'City,' 'State,' 'Zip code,' 'Phone number,' and 'Teacher's name.'

## COMMUNICATIONS

COMMUNICATIONS	
Name of primary healthcare provider	
Okay to talk to patient	▼
Date of interview attempt	MM/DD/YYYY 
Patient could not be interviewed	▼
Alternate contact available	▼

This section varies slightly across GCD conditions. For example, interview questions are removed for fatal conditions (Influenza deaths or varicella deaths).

### Name of primary healthcare provider

Specify the patient's primary healthcare provider and an additional field will appear for 'Telephone number.'

### Okay to talk to patient

**Please note:** the following three fields are available to help the LHJ track their work; this is not information needed by the OCDE.

Indicate if it's okay to talk to the patient, Yes, Later, or Never. If Later, a field will appear to input the starting date if it's acceptable to contact the patient.

### Date of interview attempt

Specify the date and a field will appear to input the outcome. Options include:

- Complete interview
- Partial interview
- Unable to reach case/contact

### Patient could not be interviewed

Indicate if this is true or false.

### Alternate contact available

If Yes, additional fields appear to collect 'Alternate contact type,' 'Alternate contact name' and 'Alternate contact phone number.'

## CLINICAL INFORMATION

This section includes fields from the **Clinical and Laboratory** question package and varies widely across GCDs. It may have any or all of the following subsections in varying orders with and differing content:

- Clinical Information
- Clinical features
- Predisposing conditions
- Clinical testing
- Hospitalization
- Vaccination
- Culture (only for Highly Antibiotic Resistant Organism [HARO] events)
- Laboratory (only for Diphtheria events. All other laboratory information is entered in the **Lab Results Tab**)
- Pregnancy (only for female of reproductive age)
- Physician Reporting/Patient Healthcare (only for Tularemia events)

Below we'll highlight some questions that frequently appear in each section.

CLINICAL INFORMATION	
Complainant ill	<input type="text"/>
Symptom onset date	MM/DD/YYYY <input type="text"/>
Diagnosis date	MM/DD/YYYY <input type="text"/>
Illness duration	<input type="text"/>

This section captures details on whether the patient was ill. The conditions *Arboviral disease*, *other*, *Rare disease*, and *Shellfish poisoning* will have you indicate the specific condition being investigated in this section. You will generally see the following fields, with additional fields specific to the condition (e.g., *Rabies*, *suspected human exposure*, *Influenza*, *seasonal*, *Highly antibiotic resistant organism [HARO]*, etc.).

### Complainant ill

Select Yes, if the person is symptomatic. Otherwise, select No or Unknown.

### Symptom onset date

Enter the symptom onset date and an additional field will appear to indicate if the date was derived. Refer to 'Uncertain Dates' guidance above. Select No if the date is exactly known or it's a close estimate of the date (within 1-2 days). Select Yes if the month and year are known but you cannot make a close estimate of the day.

### Diagnosis date

This is the specimen collection date for the first positive lab or the date of clinical diagnosis of the condition, whichever is earlier. Criteria vary by condition.

### Illness duration

Enter the number (using the digits key) indicative of the duration and hit tab or move the cursor to the next field and additional fields will drop-down to input the unit for illness duration (days, weeks, months, or years) and to indicate if the illness is still ongoing.

## Clinical Features

Clinical Features	
Any fever, subjective or measured	<input type="text"/>
Recurring fever	<input type="text"/>
Anorexia (loss of appetite)	<input type="text"/>
Arthralgia (joint pain)	<input type="text"/>
Arthritis	<input type="text"/>
Endocarditis	<input type="text"/>
Fatigue	<input type="text"/>
Headache	<input type="text"/>
Hepatomegaly	<input type="text"/>
Myalgia (muscle aches or pain)	<input type="text"/>
Meningitis	<input type="text"/>

This section is very condition-dependent. For some conditions, this section begins by asking:

## Any fever, subjective or measured

If Yes is selected, a dropdown asking if temperature was measures and additional fields that vary by condition may appear.

The remainder of this section will most frequently consist of a list of symptoms, including asking if the person is asymptomatic, each with a dropdown menu.

Answer choices commonly include:

- Yes
- No
- Unknown

Selecting Yes (and in some cases No) may cause additional fields to appear. These fields may ask you to provide an onset date, the site of the symptom, or to specify further.







Case-defining fields will not appear in bold font in WDRS.

## Predisposing Conditions

Predisposing Conditions		
Alcoholism	<input type="text"/>	▼
Asthma/reactive airway disease	<input type="text"/>	▼
Bone marrow transplant	<input type="text"/>	▼
Chronic heart disease	<input type="text"/>	▼
Chronic kidney disease	<input type="text"/>	▼
Chronic liver disease	<input type="text"/>	▼
Chronic obstructive lung disease	<input type="text"/>	▼
Diabetes mellitus	<input type="text"/>	▼

This section is present for half of the conditions and varies widely by condition. It may include fields about chronic heart, kidney, liver, and/or lung disease, as well as diabetes, alcohol and medication use, and immune status.

## Hospitalization

Hospitalization	
Hospitalized at least overnight for this illness	Yes ▼
Facility name 	Uw Medical Center-Outpt  <a href="#">Add New</a>
Hospital admission date	MM/DD/YYYY 
Hospital discharge date	MM/DD/YYYY 
Hospital record number	<input type="text"/>
Admitted to ICU	▼
Mechanical ventilation or intubation required	▼
Still hospitalized	▼
Died of this illness	▼

This section is present for all conditions, in varying formats. Common questions are listed below.

### Hospitalized at least overnight for this illness?

If Yes, a field will appear to input the facility name.

#### Facility name

Search for the facility using the search icon. If searching by Full Name, enter the first part of the facility and use the wildcard function to pull up all matching facilities (e.g. Full name: Harbo\* yields multiple Harborview options. Similarly, Swedish\* yields many Swedish locations.



If the facility is not listed, enter 'health\*' into the Full Name search field and select 'Health Care Facility Not Listed.' This will allow you to specify the hospital in a free text field and the OCDE will be notified to add the facility to the list.

Once a facility name is input, additional fields will appear to collect details. The level of detail will vary by condition, but fields will commonly include:

- Hospital admission date
- Hospital discharge date
- Hospital record number
- Admitted to ICU
  - If Yes, field will appear to specify the date the patient was admitted and discharged
- Mechanical ventilation or intubation required
- Still hospitalized
- Disposition
  - If selected, will ask for facility name which may or may not be applicable.

### Died of this illness

If the patient died of this illness select Yes which will prompt the message 'Please fill in the date death information on Person Screen.' When a Death Date is entered on the **Person page**, the message will disappear.

Additional fields may appear.

### Autopsy performed

Select one of the options:

- Yes
- No
- Unknown

### Location of death

Select one of the options:


- Outside of hospital (e.g., home or in transit to the hospital)
- Emergency department (ED)
- Inpatient ward
- ICU
- Other
  - If selected, a 'Specify' window will appear to add details

### Death certificate lists disease as a cause of death or a significant contributing condition

Select one of the options:

- Yes
- No
- Unknown

## Pregnancy

Pregnancy	
Pregnancy status at time of symptom onset	Postpartum ▼
(Estimated) delivery date	MM/DD/YYYY 
Weeks pregnant at any symptom onset	<input type="text"/>
OB Name	<input type="text"/>
OB Phone	<input type="text"/>
OB Address	<input type="text"/>
Outcome of pregnancy	<ul style="list-style-type: none"><li><input type="radio"/> Still pregnant</li><li><input type="radio"/> Delivered - full term</li><li><input type="radio"/> Delivered - preemie</li><li><input type="radio"/> Delivered - unknown</li><li><input type="radio"/> Fetal death (miscarriage or stillbirth)</li><li><input type="radio"/> Abortion</li><li><input type="radio"/> Other</li></ul>

If the patient sex is female and age is between 12-50 years old, the pregnancy subsection will appear for applicable conditions. Fields commonly included are outlined below, though there are condition-specific additional fields; for example, pertussis will ask for pregnancy status at cough onset.

## Pregnancy status at time of symptom onset

Select one of these options:

- Pregnant
- Postpartum
- Neither
- Unknown

If Pregnant or Postpartum is selected, additional fields will appear to collect: ‘(Estimated) delivery date,’ ‘Weeks pregnant at any symptom onset’ (enter the number of weeks the person is pregnant at symptom onset, using the digit keys. Example: ‘5’ instead of ‘five’), ‘OB Name,’ ‘OB Phone,’ and ‘OB Address.’

### Outcome of pregnancy

This field will appear if any selection is made in ‘Pregnancy status as time of symptom onset,’ including Neither or Unknown.

Select one of the following:

- Still pregnant
- Delivered – full term
- Delivered – preemie
- Delivered – unknown
  - If any of the three Delivered options is selected, a dropdown will appear to indicate the delivery method. Options include:
    - Vaginal
    - C-section
    - Unknown
- Fetal death (miscarriage or stillbirth)
- Abortion
- Other
  - If selected, a ‘Specify’ window will appear to add details

## Vaccination

Vaccination	
Ever received Pertussis containing vaccine	<input type="text"/>
Vaccine information available	<input type="text"/>
Pertussis vaccination up to date for age per ACIP	<input type="text"/>

This section will be present when applicable and content varies by condition. The first field will typically ask if the person has received a vaccine specific to the condition in the past. If Yes, additional fields may appear and ask for the number of doses of vaccine received. If No, an additional field may appear to specify the reason not received.



## Vaccine information available?

If Yes is selected, an additional field will appear.

### Date of vaccine administration

Enter the date that the vaccine was administered. Additional fields may appear.

### Vaccine administered (Type)

Select the vaccine type from a dropdown list of condition-specific vaccine options.

### Information source

Several conditions will ask for the information source. Options include:

- WIISS
  - The Washington State Immunization Information System is a data repository and data retrieval facility for health care providers and health plans to exchange immunization data.
- Medical record
- Patient vaccination card
- Verbal with approximate date
- Verbal only/no documentation
- Other state IIS

### Vaccine lot number

Enter the vaccine lot number in the free text field.

### Administering provider

Enter the name of the administering provider in the free text field.

Multiple entries are possible by selecting the 'Add New' link that appears next to the date of vaccine administration field.

## Vaccination up to date for age per ACIP?

Several conditions will ask if the person is up to date on their vaccinations according to ACIP guidelines. If No is selected, an additional field will appear.

### Vaccine series not up to date reason

Select one from the following reasons:

- Religious exemption
- Medical contraindication
- Philosophical exemption
- Laboratory confirmation of previous disease
- MD diagnosis of previous disease
- Underage for vaccine

- Parental refusal
- Other
  - If selected, an additional an open comment box will appear to specify.
- Unknown

Novel influenza and influenza death events will ask about vaccination in both current and previous season. For an infant with pertussis, this section also includes fields about mother's TDAP status during pregnancy.

## Clinical Testing

Clinical testing	
CSF obtained	<input type="text"/>
Pleocytosis (CSF)	<input type="text"/>
<i>Thrombocytopenia defined as platelets &lt; 100,000 /mm<sup>3</sup></i>	
Thrombocytopenia	<input type="text"/>

This section will include supportive laboratory results, such as leukopenia or thrombocytopenia, when applicable.

Case-defining tests for the condition will be entered in the separate **Lab Results Tab**. This section is most extensive for Prion disease.

## Culture Information

Culture Information	
Types of infection associated with culture(s)	<input type="text"/>
Initial culture site	<input type="text"/>
Was the initial isolate tested for carbapenemase	<input type="text"/>
Was this patient positive for the SAME organism in the year prior to the date of the initial culture	<input type="text"/>


This section will only appear for Highly Antibiotic Resistant Organism conditions (HARO).

## Laboratory

Laboratory	
Culture of <i>C. diphtheriae</i> from nares, pharynx, tonsil or larynx	<input type="text"/>  

Case-defining laboratory results must be entered in the **Lab Results Tab**. Only Diphtheria events will have a Laboratory subsection to collect information.

## Physician Reporting/Patient Healthcare

Physician Reporting/Patient Health Care	
Date first seen by healthcare provider	<input type="text" value="MM/DD/YYYY"/> 

This section appears only for Tularemia.



Click the 'Save & Stay' button to save your data.

## RISK AND RESPONSE

RISK AND RESPONSE (Ask about exposures 10 days before symptom onset)	
Travel	
Travel out of	<input type="text"/>

This section includes fields from the **Risk and Response** question package and varies across conditions such as if there was a known contaminated food product, contact with a lab confirmed case, contact with a recent foreign arrival, congregate living, outdoor recreational activities, and/or food consumption. It may also ask about occupational exposure. The section header will provide a condition-specific timeframe for which to ask exposure information.

It may have any of the following subsections, when applicable:

- Travel
- Risk and Exposure Information
- Food Exposure
- Water Exposure
- Animal Exposure (animal setting is a subsection of this)
- Sexual Exposure
- Exposure and Transmission Summary
- Public Health Issues
- Public Health Interventions/Actions

### Travel

The **Risk and Response** section will begin by collecting travel information from the grid on the case reporting form. Initial travel fields vary by condition, though all conditions will include (and most begin with) the following fields.

#### Travel out of

Select one of the options:

- County
  - If selected, a drop-down will appear to specify the county
- State
  - If selected, a drop-down will appear to specify the state
- Country
  - If selected, a drop-down will appear to specify the country

- Other

If any option is selected for travel, additional fields will appear to collect 'Destination,' 'Start date,' and 'End date.'

Multiple entries are possible by selecting the 'Add New' link.

## Risk and Exposure Information

Risk and Exposure Information	
Is case a recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor)	▼
Contact with recent foreign arrival	▼
Does the case know anyone else with similar symptoms or illness	▼
Congregate living	▼

This section has questions shared across many diseases (described below) as well as condition-specific questions.

### Is case a recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor)

Indicate if the case is a recent foreign arrival. Options include:

- Yes, No, and Unknown
  - If Yes, a textbox will appear to specify the country from the drop-down options.

### Does the case know anyone else with similar symptoms or illness

If Yes, additional fields or a comment box may appear to collect details such as the ill person's contact onset date and relationship.

## Food Exposure

Food Exposure - Food exposure timeframe: 1 - 10 days prior to onset of illness	
Sources of food	
During food exposure timeframe, did you eat food outside the home (including take-out)	▼
Any food sampled (grocery, warehouse stores, food court, etc.)	▼
Consumed any of the following during exposure period	
<i>Meat</i>	
Poultry (chicken, turkey, other)	▼
<i>Other processed meat products</i>	
Other processed meat products (jerky, deli meats, sausage, chitlins, other)	▼
<i>Miscellaneous meat exposures</i>	

Conditions will provide exposure timeframes within which to collect exposure information. Foodborne conditions will collect in-depth information about food exposures with any of the following categories: Meat, Fish and Seafood, Eggs and Dairy, Produce, Drinks, Other Foods/Supplements.

## Sources of food

This question corresponds to the 'Sources of food' grid on the case reporting form. Select food sources (e.g., ethnic markets or warehouse stores) from the drop-down menu. An additional field will appear to list the store/retail names and locations.

Multiple entries are possible by selecting the 'add new' link that will appear next to the 'Sources of food' response.

## During food exposure timeframe, did you eat food outside the home (including take-out)

Answer choices include: Yes, Maybe, No, Unknown.

- If Yes or Maybe, additional fields will appear to specify the setting:
  - Restaurant
  - Catered events
  - School or institution meal
  - Group meal (e.g. potluck, reception)
  - Street-vended food

If Yes or Maybe, additional fields will appear to collect details.



The date/time of restaurant meals must be entered in the specified format, MM/DD/YYYY hh:mm AM/PM. Any deviations will result in an error message and deletion of date data input. If the exact time is unknown, input 08:00 AM for morning/breakfast time, 12:00 PM for afternoon/lunch, and 06:00 PM for evening/diner. If the time is completely unknown, leave blank or input 11:11 PM.

Subsequent food exposure fields may be categorized by type of food, e.g. Meat, Other processed meat products, Eggs and Dairy, Produce, etc. Additional fields will appear to specify further if Yes or Maybe are selected. Entering a date may also result in additional fields displaying.

## Water Exposure

Water Exposure	
Source of drinking water known	<input type="text"/>
Untreated/unchlorinated water (e.g. surface, well, lakes, streams, spring)	<input type="text"/>
Any recreational water exposure during exposure period (Lakes, Rivers, Pools, Waterpark, etc.)	<input type="text"/>

Water exposure questions vary by condition. Enterics conditions will often have the following questions.

### Source of drinking water known

If Yes, additional fields will appear to indicate and describe the drinking water source.

## Untreated/unchlorinated water (e.g. surface, well, lakes, streams, spring)

If Yes, a field to 'Describe' will appear.

## Any recreational water exposure during exposure period (Lakes, Rivers, Pools, Waterpark, etc.)

If Yes, a field to input 'Water site name/location' will appear. Once completed, additional fields will appear to collect additional details.

## Animal Exposure

Animal Exposure	
Any contact with animals at home or elsewhere	<input type="text"/>
Any contact with pet food or treats	<input type="text"/>
Any contact with farm animals	<input type="text"/>
<i>Animal Settings</i>	
Live on a farm or other setting that has farm animals	<input type="text"/>
<i>Visited or worked on any of the following settings even if no direct animal contact</i>	
Zoo	<input type="text"/>
County/state fairs, 4-H events, or similar events where animals were present	<input type="text"/>
Pet store or other place where animals are sold or adopted	<input type="text"/>
Other settings with animals	<input type="text"/>

When applicable, field will be present to collect information on animal exposure and animal settings. Additional fields may appear if Yes or Maybe are selected.

## Sexual Exposure

Sexual Exposure	
Any type of sexual contact with others during the exposure period	<input type="text"/>

When present, this subsection will collect details of sexual contact.

## Exposure and Transmission Summary

Exposure and Transmission Summary	
Likely geographic region of exposure	<input type="text"/>
<b>Likely geographic area of exposure must be completed</b>	
International travel related	<input type="text"/>
Suspected exposure type	<input type="text"/>
Suspected exposure setting	<input type="text"/>
Exposure summary	<div></div>
Suspected transmission type	<input type="text"/>
Suspected transmission setting	<input type="text"/>

This section appears, varyingly, for all conditions and is intended be filled out after the investigation.

## Likely geographic region of exposure

Indicate the likely region of exposure. Drop-down options include:

- In Washington state
  - If In Washington state is selected, a drop-down will appear to indicate a 'County'
- US but not Washington state
  - If US but not Washington state is selected, a drop-down will appear to indicate a 'State'
- Not in US
  - If Not in US is selected, a drop-down will appear to indicate a 'Country'
- Unknown

You can indicate more than one geographic region by selecting the 'Add New' link which will appear after specifying the county, state, or country. The '**Likely geographic area of exposure must be completed**' message in red highlights the importance of this question to understanding where exposure may have occurred and implications for control. The message will disappear when completed and is merely an indicator.

## International travel related

Indicate the timing of international travel in relation to exposure period. Options include:

- During entire exposure period
- During part of exposure period
- No international travel

## Suspected exposure type

Exposure is how the case patient was exposed to the disease. Select suspected exposure type from the standard drop-down. The forms will indicate which options apply to that condition.

[Describe \(e.g. name of facility, dates\)](#)

Any answer to exposure type will yield an additional textbox to describe further.

## Suspected exposure setting

Indicate the suspected exposure setting from the drop-down list, including school, healthcare facility, corrections, restaurant, and hotel.

[Describe \(e.g. name of facility, dates\)](#)

Any answer to exposure type will yield an additional textbox to describe further.

## Exposure summary

Input exposure summary details in the comment box.

## Suspected transmission type

Transmission is how the case patient spread the disease to others. Transmission questions may not be present if the disease is not spread person to person, for example, tetanus or shellfish poisoning.

Select suspected transmission type from the drop-down. Answer options are identical to those in the 'Suspected exposure type' drop-down.

### Specify

Any answer will yield an additional textbox to specify the transmission type and dates.

### Dates

Specify the dates to the suspected transmission type.

Multiple entries are possible by selecting the 'Add New' link that will appear next to the selected response.

## Suspected transmission setting

Indicate the suspected transmission setting. This list will match the suspected exposure settings. Multiple entries are possible by selecting the 'Add New' link that will appear next to the selected response.

## Epi Links

This section may also collect epidemiological link information. If a link is indicated, the message **'Please link the event(s) on the Event Summary Screen (WA residents only)'** will appear.

Return to the **Event Summary Screen** Basic Information section and link the events through the 'View' link next to Linked Events/Contacts.

Event Summary	
<b>Basic Information</b>	
Event ID:	100000042
Disease:	Influenza, seasonal (required for deaths of lab-confirmed cases)
Person:	<a href="#">Lindsay Test ( )</a>
Dates:	Create Date: 01/09/2018
Type:	Interactive
Investigation Status:	Open ( <a href="#">Change to Closed</a> )
Linked Events/Contacts:	1 linked event(s)/contact(s) ( <a href="#">View</a> )
Attachments:	0 attachment(s) ( <a href="#">Add</a> )
Notices:	<b>Workflow Status (1)</b> Event is in workflows ( <a href="#">View List</a> ) <b>General Notifications (1)</b> <b>Vital Status: Alive</b>

[Edit Event Properties](#) [Copy Event](#)

If the epi-linked person resides out of state and was not diagnosed in Washington, no link is required. You may provide a description in the 'Exposure Summary' notes field. For more details visit the Linking Events quick reference guide.



## Public Health Issues

Public Health Issues	
Household member or close contact in sensitive occupation or setting (HCW, childcare, food)	<input type="text"/>
Non-occupational food handling (e.g. potlucks, receptions) during contagious period	<input type="text"/>
Employed as a food handler	<input type="text"/>
Employed as health care worker	<input type="text"/>
Employed in child-care or preschool	<input type="text"/>
If needed, enter detailed information in the Transmission Tracking Question Package	

This section and the following are primarily for the county to document public health issues identified and actions taken. It may help determine what public health actions need to be taken, either because of a person's occupation or activities while they were contagious. There may also be a shared exposure that has to be investigated.

## Public Health Interventions/Actions

Public Health Interventions/Actions	
Exclude case from sensitive occupations (HCW, food, child-care) or situations (child-care) until diarrhea ceases	<input type="text"/>
Exclude symptomatic contacts from sensitive occupations (HCW, food, child-care) or situations (child-care) until diarrhea ceases	<input type="text"/>
Hygiene education provided	<input type="text"/>
Child-care inspection	<input type="text"/>
Test symptomatic contacts	<input type="text"/>
Restaurant inspection	<input type="text"/>
Letter sent	<input type="text"/>

This section is mainly for the LHJ to document public health issues identified and actions taken, and varies by condition.

For applicable conditions, this section may begin with exclusion or isolation of sensitive occupations and symptomatic contacts. For example, STEC specifies that 2 negative stools are criteria for return to work or school. There may be a field to indicate if a letter was sent, including the date and batch date. There may also be a field for testing symptomatic contact and/or childcare and restaurant inspections.

Some common fields include:

### Notified blood or tissue bank (if recent donation)

- Yes
- No
- Unknown

Various formats exist to collect information on prophylaxis recommendations and receipt.

## Prophylaxis of appropriate contacts recommended

- Yes
- No
- Unknown
- Not applicable

If Yes, additional fields may appear (or already be present for some conditions) to specify 'Date recommendation for prophylaxis of appropriate contacts initiated,' 'Number of contacts recommended prophylaxis,' 'Number of contacts receiving prophylaxis,' and 'Number of contacts completing prophylaxis.' Numbers must be entered using the digits keys.

## Any other public health action

Conditions may have a field to indicate if any other public health action was taken. If Yes, a comment box will appear to specify.

## TRANSMISSION TRACKING

TRANSMISSION TRACKING	
Visited, attended, employed, or volunteered at any public settings (Child care, healthcare setting, etc.) while contagious	<input type="text"/>

The Transmission Tracking section is identical across conditions and includes questions from **Transmission Tracking** question package. This section will appear when applicable and is only useful for conditions spread person to person. When applicable, a message will appear at the top of the page to specify the contagious period.

## Visited, attended, employed, or volunteered at any public settings (Child care, healthcare setting, etc.) while contagious

If Yes, an additional field will appear to select a setting from the dropdown list. Multiple entries are possible by selecting the 'Add New' link next to the 'Settings' field. Once specified, additional fields will appear to collect details.

## TREATMENT

TREATMENT	
Did patient receive treatment/prophylaxis	<input type="text"/>

The Treatment section includes questions from the **Treatment** question package.

## Did patient receive treatment/prophylaxis

If the person received treatment/prophylaxis select Yes. Child questions that appear will be filtered by the condition.

Note: the wizards do not contain fields from the **Contact Tracking Form** question package or **Case Classification** question package.

## NOTES

NOTES	
Notes	

### Notes

This field will appear at the end of each wizard and is for optional use as needed. Event notes are intended to be input on the **Event Summary Screen** notes panel.



Click 'Save' button to save your changes and return to the **Event Summary Screen**. A 'Cancel' and 'Help' button are also available options.

## Lab Results Tab

Event Data	Lab Results	Concerns	Persons	Tasks	Surveys	Calendar	Event Properties	Event History
<b>Labs</b>								
Lab No.	Specimen collection date	WDRS specimen type	WDRS test performed	WDRS test result	WDRS test result (additional)	WDRS interpretation code		
<div>Add Lab Result   Update Lab Result   Delete Lab Result</div>								
<b>Details</b>								
Last Update:								
Updated By:								
Results:								

The **Lab Results Tab** presents the user with the ability to view, add, and edit lab results for a particular event. Summary information about each lab result is displayed.

Refer to the WDRS Lab Results Manual for directions on entering labs

## Manual Lab Entry

For GCDs, required lab fields include:

- Lab report reviewed
- Specimen identifier/accession number
- Specimen collection date (preferred)
  - If not available, Specimen received date or Result date
- WDRS specimen type
- WDRS test performed
- WDRS test result, coded (If applicable, the drop-down will activate based on the WDRS test performed)
- WDRS result, numeric only
  - Only if a numeric result is given, including as necessary comparator, result numeric, and units of measure.
- WDRS result summary

Upload each lab result under the Test performed and result section using the 'Upload Document' link.

Lab Results	
Lab Results: <span>WDRS manual GCD lab DE template 20171026</span>	
<b>Lab report information</b>	
Lab report reviewed - DOH	<input type="text"/>
Lab report reviewed - LHJ	<input type="text"/>
WDRS user-entered lab report note	
<div></div>	
Submitter	<input type="text"/>
If submitter is not on the pick list, please select "Laboratory not listed" and enter information below:	
Lab not listed-specify	<input type="text"/>
Performing lab for entire report	<input type="text"/>
If performing lab is not on the pick list, please select "Laboratory not listed" and enter information below:	
Lab not listed-specify	<input type="text"/>
Referring lab	<input type="text"/>
If referring lab is not on the pick list, please select "Laboratory not listed" and enter information below:	
Lab not listed-specify	<input type="text"/>
<b>Specimen</b>	
Specimen identifier/accession number	<input type="text"/>
Specimen collection date*	<input type="text" value="MM/DD/YYYY"/>
Specimen received date	<input type="text" value="MM/DD/YYYY"/>
WDRS specimen type	<input type="text"/>
Specimen type-Other, specify	<input type="text"/>
WDRS specimen source site	<input type="text"/>
Specimen source site	<input type="text"/>
WDRS specimen reject reason	<input type="text"/>
WDRS specimen reject reason-Other, specify	<input type="text"/>

**Test performed and result**

WDRS test performed

Test performed-Other, specify

WDRS test result, coded

WDRS test result, comparator

WDRS result, numeric only  [Delete](#)

WDRS units of measure

Test method

WDRS interpretation code

Interpretation code-Other, specify

Test result-Other, specify

**WDRS result summary**

Test result status

Result date  [Upload Document](#)

**Ordering provider**

WDRS ordering provider  [Search](#) [Delete](#)

If ordering provider is not on the pick list, please select "Provider not listed" and enter information below:

Provider not listed-specify

**Ordering facility**

WDRS ordering facility

If ordering facility is not on the pick list, please select "Facility not listed" and enter information below:

Facility not listed-specify

[Save](#) [Cancel](#) [Help](#)

## Event Data Tab

Event Data	Lab Results	Concerns	Persons	Tasks	Surveys	Calendar	Event Properties	Event History
<b>Question Packages</b>								
Question Package	Person	Last Update	Updated By	Status				
Administrative	Badd Bat	06/06/2017	Lindsay Horn [lhorn]	Incomplete				
Demographics	Badd Bat	06/06/2017	Lindsay Horn [lhorn]	Completed				
Clinical and Laboratory	Badd Bat	06/06/2017	Lindsay Horn [lhorn]	Completed				
Risk and Response	Badd Bat	06/06/2017	Lindsay Horn [lhorn]	Completed				
Transmission Tracking	Badd Bat	06/06/2017	Lindsay Horn [lhorn]	Completed				
Treatment	Badd Bat	06/06/2017	Lindsay Horn [lhorn]	Completed				
Contact Tracing Form	Badd Bat	06/06/2017	Lindsay Horn [lhorn]	Completed				
CDC Notification	Badd Bat	06/06/2017	Lindsay Horn [lhorn]	Completed				

Data entry without a wizard requires that you visit individual question packages on the **Event Data Tab**.

Many fields will be visible within individual question packages but not in the wizard, either because that question does not apply to that condition, it is a read-only field not requiring data entry, or is a DOH field for tracking purposes.

The following sections describe select fields found in the some of the individual question packages and not used in the wizards.

## Administrative Question Package

Record creation date	03/05/2018
Legacy	No ▾

### Record creation date

This is the WDRS record start date pulled from the 'Create date' on the **Event Summary Screen** and cannot be changed.

### Legacy

Legacy is a read-only field indicating if the case was created from data conversion when PHIMS data was migrated.

## Administration

### Override Accountable County

Case access is defined by the 'Accountable County' field and unless another LHJ has shared an event with you, you will only be able to edit events in your own jurisdiction (see quick reference guide 'Sharing an Event' for more details on event sharing). In the instance that the person is not being cared for in their county of residence, OCDE staff can override the 'Accountable County.' If this field needs to be utilized, contact the OCDE ([WDRS 'Contact Us'](#)).

### Override classification

This is a DOH-only field. If checked, the classification provided by the OCDE will populate the 'Final Case Classification' field. A field will appear to input an 'Override reason' and fields will populate with the person who overrode it and the date and time.

### Classification criteria

Select the criteria used for classifying this case. Options include:

- Clinical only
- Epi link and clinical
- Lab and clinical
- Lab only

### Address fields

Address fields are read-only, populated from the selected reporting address. This includes the 'Washington state resident' field which populates based on the reporting address selected and it used in determining CDC notification eligibility.

### NNC Event Code

This read-only field autopopulates based on the condition selected, when applicable.

### Nationally Notifiable

This read-only field autopopulates based on the NNC event code, with some condition-specific indications.

### Current CDC notification eligibility

This read-only field autopopulates based on whether the residency of the reporting address for that event is Washington State and the event is nationally notifiable.

### Event Date – CDC

This read-only field autopopulates using a date hierarchy with the first available date from:

1. Symptom onset date
2. Diagnosis date
3. Date of first positive case defining lab
4. LHJ notification date
5. Create date in WDRS

### CDC event date type

This read-only field displays the date that was used to determine the 'Event Date – CDC' from the list above.

### CDC event date year

This read-only field displays the year of the date used in the 'Event Date – CDC.'

### CDC event date month

This read-only field displays the month of the date used in the 'Event Date – CDC.'

### Review updates after sent to CDC

This DOH-only field is used to notify OCDE staff when a change has been made to a field that was included in a previous CDC message.

## Demographics Question Package

### Demographics

Fields in grey autofill from patient's date of birth and sex, entered when a new event was created. To edit age and date of birth information, return to the **Event Summary Screen** and select the **Persons Tab**. Click the 'Edit Person' button to manage information about the patient.

### Age years, Age in months, Age in days

Ignore these fields and refer to 'Reporting age years' and 'Reporting age months' below.

## Sex at birth

This field is read-only autofills based on the sex selected on the **Person page**. To edit this information, return to the **Event Summary Screen** and select the **Persons Tab**. Click the 'Edit Person' button to manage information about the patient.

## Reporting age years and Reporting age months

If a date of birth and 'Symptom onset date' are input, these fields will calculate with the age at symptom onset. *However*, if age is manually entered in the 'Age' field, the fields will simply report the person's current age, regardless of data input into 'Symptom onset date.'

Note: If Symptom onset date is not available, reporting ages will calculate using the 'Event Date – CDC' hierarchy: Symptom onset date, Diagnosis date, Date of first positive case defining lab, LHJ notification date, and Record creation date.

# Clinical and Laboratory Question Package

## Date of first positive case defining lab

This field is condition-dependent and will be completed by the OCDE. However, if available, the specimen collection date is often used. Refer to the guidelines for more information.

# Contact Tracing Form Question Package

Contact Tracing Form	
Investigator	<input type="text"/>
Contact name	<input type="text"/>
Notes or actions needed	<div></div>

The **Contact Tracing Form** question package is the same across all conditions. Fields in this question package are optional for local health jurisdiction use and not included in the wizards.

## Investigator

Enter the name of the person investigating the case/contacts

## Contact name

Enter the name of the contact.



Once entered, additional fields will appear to collect the following details:

- 'Date of first contact'
- 'Date of last contact'
- 'Symptom watch date start'
  - This will automatically populate based on the condition, incubation period, and date of first contact
- 'Symptom watch date end'
  - This will automatically populate based on the condition, incubation period, and date of last contact
- 'Relation to case'
- 'Date of birth'
- 'Age'
- 'Age unit'
- 'Sex'
- 'Address'
  - You can select from addresses listed on person tab or input additional address
- Phone numbers
- 'Contact location,'
- 'Location details'
- 'Is contact symptomatic'
  - If Yes, additional fields for further details
- 'Last date contact followed'
- 'Immune status,'
- 'Contacted by Public Health'
- 'Prophylaxis given'
- 'High risk contact'
- 'Did this contact become a case'

### Notes or actions needed

Input notes or actions needed in the comment box.

Additional Interview and Clinical Questions	
Before this interview how many times has the case been interviewed about their illness	<input type="text"/>
Respondent was	<input type="text"/>
Have any close contact with anyone with diarrhea or vomiting	<input type="text"/>
Are you still ill	<input type="text"/>
Food Allergies, Special Diets, Vitamins and Supplements	
If you change a pre-existing response, please note the question(s) changed and reason(s) for change in the notes field	
Any allergies that prevent you from eating a certain food(s)	<input type="text"/>
Vegetarian or vegan diet	<input type="text"/>
Did you (your child) have any special or restricted diet (medical, weight-loss, religious, cultural, etc.)	<input type="text"/>
Any commercially bottled water in personal-sized containers	<input type="text"/>
Any commercially bottled water in large, multi-user tanks or water coolers	<input type="text"/>
Did you (your child) have any vitamins, nutritional or herbal supplements, such as teas, tablets, and pills, etc.	<input type="text"/>
If you answered Yes to any questions or edited any pre-existing responses, please describe briefly	<input type="text"/>

The **NHQQ** (National Hypothesis Generating Questionnaire) question package will appear for Salmonellosis and STEC events. This question package may be assigned by DOH if needed in multi-state outbreaks or clusters.

The question package will appear if 'Copy answers to NHQQ' is checked in the **Risk and Response** question packages.

NHQQ Question Package	
Copy answers to NHQQ	<input checked="" type="checkbox"/> Yes

## Case Classification Question Package

WDRS will auto-classify certain conditions based on a combination of laboratory and/or clinical information, depending on the condition. These conditions have the **Case Classification** question package which contains read-only fields that are the case definition criteria driving the case classification for the condition. For some enteric conditions, a positive bacterial culture is sufficient for a Confirmed classification. For other conditions there may be additional criteria. For meningococcal disease, the culture-positive specimen must be from a sterile site. For Lyme disease, a positive IgM result must be from a specimen taken within 30 days of symptom onset.

As information is populated in WDRS, the **Case Classification** question package fields will automatically update and drive the case classification.

## CDC Notification Question Package

This question package will be used by the OCDE and will be hidden in future versions of WDRS.

## Legacy Question Package

This question package contains information about events converted from PHIMS.

## Additional Tabs

Refer to the [WDRS Reference Guide](#) for details on Concerns, Tasks, Surveys, Calendar, Event Properties, and Event History tabs.

### Persons Tab

The **Persons Tab** provides demographic details about the person associated with the event, and is used to add or update identifying or contact information about the person that wasn't available when the event was created. To add information or change fields, click the 'Edit Person' button.

In addition to the Edit Person button, you will see five sub-tabs that allow users to view or update information about the person.

Name	Sex assigned at birth	Birth Date	Address	Status
▶ Alfred Moon	Male	12/12/2017	WA	Active

Edit Person

Basic Information | Address Information | Linked People | Demographic History | Notes

**Basic Information**

First Name: Alfred

**Basic Information Subtab** contains the most recently entered information about the person such as name, address, birth date, age, gender. This information is available for viewing only. To make changes to the Basic Information, click the 'Edit Person' button. Saved changes will appear in the Basic Information table.

**Address Information Subtab** contains information regarding the person's addresses. This is where information regarding both current and past addresses is accessible. The person's address information can be edited or updated by clicking the **Add Address Type** or **Edit Address** buttons which take you to the lower part of the Edit Person screen.

The address history appears at the bottom of the screen. The most recent address information is at the top of the list.

**Linked People Subtab** provides information about the person's contacts or social network information.

**Demographic History Subtab** contains information such as a person's last name that can be tracked if a person changes his or her name for any reason. Historical names are noted here with older information at the bottom.

**Notes Subtab** is used to keep track of notes that are related to the person, not to the event. These would be notes such as the fact that a person is blind, paraplegic, or has Down's syndrome; these things are unlikely to change over time and are not necessarily specific to a person's event. Just as with the event notes, the date and user name are associated with each person note entered.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).